

### **File S1—Survey**

This is the English translation of the French original version of the online survey distributed to French HPN centers. For each question, it was possible to write a free comment.

### **PART I/ VENOUS ACCES CHARACTERISTICS**

1. What type of central venous access do you usually use? *[Multiple Choice Question (MCQ)]*

- a. Tunneled catheter
- b. Peripherally inserted central catheter (PICC line)
- c. Totally implantable vascular device (Port-A-Cath)

2. Who performs tunneled catheter insertion? *[Free answer]. If there is more than one operator involved, indicate in which situation they are involved*

3. Do you routinely perform radiological control after CVC insertion? *[MCQ]*

- a. Yes, when placing the catheter, under image intensifier
- b. Yes, chest X-ray on return to the unit.
- c. Other

4. Do you use a clamp on the catheter? *[Single Choice Question (SCQ)]*

- a. Yes, always
- b. Yes, sometimes (specify indication)
- c. No

5. Do you use a bi-directional positive pressure valve? *[SCQ]*

- a. Yes, always
- b. Yes, sometimes (specify indication)
- c. No

6. Do you use an anti-bacterial in-line filter? *[SCQ]*

- a. Yes, always
- b. Yes, sometimes (specify indication).
- c. No

### **PART II/ FOLLOW-UP MODALITIES**

7. Do patients (or parents in pediatrics) receive specific education regarding the detection of catheter-related complications such as obstruction and/or thrombosis? *[SCQ]*

- a. Yes, all
- b. Yes, some of them (specify indication)
- c. No

8. What is the frequency of your routine clinical check-up of patients (consultation, day hospital...)? *[Free answer]*

9. Regarding imaging monitoring,

9.1. How often do you prescribe a venous doppler ultrasound? *[MCQ]*

- a. Never
- b. Regularly, routinely (indicate frequency)

- c. When there is an incident (specify, e.g., obstruction/sepsis/other...)
- 9.2. How often do you prescribe a chest x-ray? [MCQ]
- a. Never
  - b. Regularly, routinely (indicate frequency)
  - c. When there is an incident (specify, e.g., obstruction/sepsis/other...)
- 9.3. How often do you prescribe an angioTDM? [MCQ]
- a. Never
  - b. Regularly, routinely (indicate frequency)
  - c. When there is an incident (specify, e.g., obstruction/sepsis/other...)
- 9.4. How often do you prescribe an angioMRI? [MCQ]
- a. Never
  - b. Regularly, routinely (indicate frequency)
  - c. When there is an incident (specify, e.g., obstruction/sepsis/other...)
10. Do you change the central line systematically after a prolonged period of time, even if there are no complications?
- 10.1. For a tunneled catheter? [SCQ]
- a. Yes (specify duration)
  - b. No
  - c. Not applicable (we do not use this type of venous access)
- 10.2. For a Port-A-Cath? [SCQ]
- a. Yes (specify duration)
  - b. No
  - c. Not applicable (we do not use this type of venous access)
- 10.3. For a PICCline? [SCQ]
- a. Yes (specify duration)
  - b. No
  - c. Not applicable (we do not use this type of venous access)
11. Regarding blood sampling,
- 11.1. How do you usually take blood samples? [SCQ]
- a. On the catheter
  - b. Peripherally
- 11.2. How often do you draw blood from the catheter? [Free answer]

### **PART III/ CENTRAL VENOUS LINE OBSTRUCTION**

12. Do you have a written and validated unblocking protocol? [SCQ]
- a. Yes

b. No

13. Do you use a prophylaxis of venous access obstruction, such as locks? *[SCQ]*

- a. Yes, systematically (specify the product used)
- b. Yes, in some patients (specify product used AND indication)
- c. No

14. Do you always prescribe imaging in cases of obstruction? *[MCQ]*

- a. Yes, prior to the unblocking procedure (specify type of imaging)
- b. Yes, after the unblocking procedure (specify type of imaging)
- c. No

15. What molecule do you use for unblocking (Do not answer for types of venous access that you do not normally use)?

- a. A tunneled catheter? *[Free answer]*
- b. A PICC-line? *[Free answer]*
- c. A Port-A-Cath? *[Free answer]*

16. What do you suggest in case of failure of the unblocking procedure?

- a. Repeat the procedure (if yes, specify up to how many times)
- b. Change of catheter
- c. Other (specify)

#### **PART IV/ THROMBO-EMBOLIC RISK**

17. In which situation do you test for thrombophilia? *[MCQ]*

- a. Before HPN onset, always.
- b. Before HPN onset, in certain patients (specify indication)
- c. After diagnosis of CRT, always
- d. After diagnosis of CRT, in certain patients (specify indication)
- e. Never

18. In which of the following situations would you prescribe venous imaging? *[MCQ]*

- a. Systematically before a first CVC (specify the type of imaging)
- b. After a thromboembolic event (specify the type of imaging)
- c. In case of catheter related blood stream infection (specify type of imaging)
- d. In case of unexplained biological inflammation, (specify type of imaging)
- e. Before CVC replacement (specify type of imaging)

19. Do certain patients receive prophylactic anticoagulation? *[SCQ]*

- a. Yes
- b. No

19.1. If so, please specify

- a. For which indication? (For example: All patients, thrombophilia, history of thrombosis, use of risk score ...) *[Free answer]*
  - b. Which molecule? *[Free answer]*
  - c. According to which scheme/modality? *[Free answer]*
20. Do you have any indications for long-term full-dose anticoagulation? *[MCQ]*
- a. No
  - b. Yes, persistent thrombosis after treatment
  - c. Yes, abnormal thrombophilia test
  - d. Yes, other (specify)

## PART V/ MANAGEMENT OF VENOUS THROMBOSIS

21. Regarding the prescription of anticoagulation drugs, what is your usual approach? *[MCQ]*
- a. Use of a written and validated internal protocol
  - b. Systematically ask for a specialist advice (please specify the specialty)
  - c. Occasional request for specialist advice (please specify the specialty)
22. Regarding the management of a recent acute deep vein thrombosis
- a. Which molecule do you typically use as first-line therapy? *[Free answer]*
  - b. What is the usual duration of anticoagulation? *[Free answer]*
  - c. Do you routinely control imaging, and if so, when? *[Free answer]*
23. How do you manage an incidentally detected asymptomatic CRT? *[SCQ]*
- a. Full-dose anticoagulation (specify duration of treatment and drug).
  - b. Prophylactic anticoagulation (specify duration of treatment and drug).
  - c. Withholding of treatment
  - d. Request for specialist advice
24. Do you use pharmacological monitoring to adjust the anticoagulant dose? *[MCQ]*
- a. Yes, systematically for VKAs (INR)
  - b. Yes, systematically for LMWH (Anti-Xa)
  - c. Yes, in certain cases (specify, e.g.: ineffectiveness of treatment, bleeding, etc.)
- 4.1. If so, would you say that the management of anticoagulants is difficult? *[SCQ]*
- a. Yes
  - b. No